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FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS
AND LOBBYIST/REGISTRANT PACs

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

ADDRESS (number and street) 120 Maryland Ave. NE
Washington DC 20002
CITY STATE ZIP CODE

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

C C00042366

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. STATE DISTRICT

For Candidates Only

5. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2) and/or Semi-annual Report

☐ October 15 Quarterly Report (Q3)

☐ January 31 Year-End Report (YE) and/or Semi-annual Report

☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report

(b) Monthly Report Due On: ☒ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Special (12S) ☐ Convention (12C)
Election on M M M / D D D / Y Y Y Y Y Y in the State of See Line 6(b)
This report also covers the semi-annual period

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of See Line 6(b)
This report also covers the semi-annual period

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

This report covers M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y and/or January 1 - June 30 July 1 - December 31

7. Total Reportable Bundled Contributions by

Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

537250.00

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Deanna Nesburg

Signature of Treasurer

Date

M M M / D D D / Y Y Y Y Y Y
02 17 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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02/2009